



**LEE COUNTY
OPEN RECORDS REQUEST**

1. Date of Record Request: _____
2. Name of Requesting Party: _____
3. Date and Department of Last Request for Public Record by Requestor: _____

4. Description of Record of Document(s) Requested (to include subject of document, date of document, office, or author, if known): _____

5. Lee County Department to which request is being made: _____

6. (If applicable) Lee County Department to which request was referred and date of referral: _____

7. I am aware that the County may charge for records under the Public Records Act. I agree to compensate Lee County for the reasonable cost of producing the records requested up to \$5.00. I understand that I will be contacted should the estimated cost of responding to my request be in excess of \$5.00 and that the County will hold my request until I have agreed to the extra cost.

Printed Name of Requestor

Signature

8. This form should be sent to Gaynell Lee, Clerk to the Board, PO Box 1968, Sanford, NC, 27331-1968, (106 Hillcrest Drive), faxed to 919-774-8407 or glee@leecountync.gov